

NOTICE OF INDEPENDENT REVIEW DECISION

May 7, 2003

RE: MDR Tracking #: M2-03-0759-01
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient on ____ sustained a lumbar injury when he fell off a ladder at work when one of the rungs gave way. He has had an EMG and MRI but the reports are not included in the documentation. A CT scan result is noted via a physician's quote revealing left lumbar radiculopathy, disc protrusion at L4-5, and degeneration at L5-S1. The patient also had cervical spondylosis at C5-6.

Requested Service(s)

A work hardening program

Decision

It is determined that a work hardening program is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The findings from the functional capacity evaluation (FCE) from 01/10/03 indicated only a marginal improvement in the patient's lumbar ranges of motion with poor flexibility of the lower extremities. At the time of the FCE, the patient was functioning at the Light-Medium Physical Demand Level and his previous job required Medium-Heavy physical demands.

The patient's current physical status precludes the use of work hardening at this point, as his lumbar radiculopathy symptoms are still prevalent and it would be unlikely that he would benefit from the program.

Work hardening programs are considered in the following circumstances: (1) persons who are likely to benefit from the program, (2) persons whose current level of functioning due to illness or injury interfere with their ability to carry out specific tasks required in the workplace, (3) persons whose medical, psychological, or other conditions do not prohibit participation in the program, and (4) persons who are capable of attaining specific employment upon completing the program. The patient's current status indicates that he may not benefit from the program and that he has no specific employment to go to after the program. Therefore, it is determined that a work hardening program is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 7 th day of May 2003.
